STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GIFFORD HEALTH CARE, INC.

PAGE 1 OF 4 GRANT # 03410-2205-21 AMENDMENT #2

GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Gifford Health Care, Inc. (hereafter called the "Subrecipient" that the grant agreement (#03410-2205-21) on the subject of administering the Blueprint for Health program initiatives in the Randolph, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective March 1, 2021 as follows:

1. By deleting Part 1-Grant Award Detail on page 1 of 39 of the base agreement and replacing it with the following Part 1- Grant Award Detail:

STATE OF VERMONT GRANT AGREEMENT							Part 1-Grant Award Detail			
		SECTION I - GEN	ERAL GRANT	INFORM	/IATION					
¹ Grant#: 03410-2205-21				² Original			Amendment # 2			
	Title: Blueprint for Health Gifford Medi	cal Center Hospital HSA								
Amount Previously Awarded: \$144,375.00				his Action: 6 Total Aw \$2,016.00			ard Amount: \$146,391.00			
	Start Date: 10/01/2020	⁸ Award End Date:	rd End Date: 09/30/2021 ⁹ Subrecip			ient Award: YES 🗶 NO 🗌				
10 Vendor #: 332005 11 Grantee Name: Gifford Health Care, Inc										
12 Grantee Address: 44 South Main Street										
¹³ City: Randolph			¹⁴ State			⁵ Zip Code:				
¹⁶ State Granting Agency: AHS/Department of Vermont Health Access				¹⁷ Business			ness Unit: 03410			
18 Performance Measures: YES X NO 19 Match/In-Kind: Description:										
²⁰ If this action is an amendment, the following is amended: Amount: Funding Allocation: Performance Period: Scope of Work: Other: □										
SECTION II - SUBRECIPIENT AWARD INFORMATION										
²¹ Grantee DUNS #: 073983827			Indirect Rate:	0.0			FFATA: YES X NO			
²⁴ Grant	t ee Fiscal Year End Month (MM forma	it): 9	(Approved rate of	% 25 Approved rate or de minimis 10%)			R&D:			
²⁶ DUNS	Registered Name (if different than VI	SION Vendor Name in Box .	11):							
SECTION III - FUNDING ALLOCATION										
			STATE FUNDS							
Fund Type		²⁷ Awarded Previously		his ²⁹ C	Cumulative Award	³⁰ Special & Other Fund Descriptions				
General Fund		\$24,293	3.83 \$3	8.05	\$24,631.88					
Special Fund					\$0.00					
	Global Commitment (non-subrecipient funds)	\$43,686	3.21 \$6	1.09	\$44,297.30					
	Other State Funds				\$0.00					
FEDERAL FUNDS (includes subrecipient Global Commitment fur				Required Federal Award Information						
31 CFDA#	³² Program Title	³³ Awarded Previously		his ³⁵ (Cumulative Award	36 FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award		
93.778	Medicaid Assistance Program	\$24,293	3.83 \$3	8.06	\$24,631.89					
³⁹ Federa	I Awarding Agency:	,	⁴⁰ Federal A	40 Federal Award Project Descr:						
93.778 Medicaid Assistance Program - Global Commitment (sub-recipient funds)		sub-recipient \$52,10°	1.13 \$7	\$728.80 \$52,829.93						
Federal Awarding Agency:			Federal Aw	Federal Award Project Descr:						
					\$0.00					
Federal Awarding Agency:			Federal Aw	Federal Award Project Descr:						
<u> </u>					\$0.00					
Federal Awarding Agency:			Federal Aw	Federal Award Project Descr:						
					\$0.00					
Federal A	Awarding Agency:	,	Federal Aw	ırd Project	: Descr:					
Total Awarded - All Funds \$144,375.00			5.00 \$2,0	6.00	\$146,391.00					
		SECTION IV -	CONTACT IN	ORMAT	TION	*				
41 STATE	41 STATE GRANTING AGENCY				⁴² GRANTEE					
NAME: Julie Parker			100000000000000000000000000000000000000							
TITLE: Project Administrator			TITLE:	· · · · · · · · · · · · · · · · · · ·						
2500000 100	E: (802) 760-8467		The control section	and the state of t						
EMAIL: Julie.Parker@vermont.gov				EMAIL: PTClark@Giffordmed.org						

2. By deleting Attachment A, Scope of Work Section 2.2 in its entirety and replacing it with the following:

2.2 Self-Management Program Reporting

From October 1, 2020 through September 30, 2021, the Subrecipient will:

- Maintain the Self-Management Programs that are occurring in the HSA;
- Deliver at least five (5) Self-Management Program workshops focused on diabetes (e.g., CDC Diabetes Prevention Programs, SMRC Diabetes Self-Management Program) and best practice group tobacco cessation (such as Fresh Start or other TTS-facilitated workshops). These workshops can either be delivered independently or in collaboration with another HSA. The State will reimburse the Subrecipient for pre-approved expenses associated with this scope of work. The Subrecipient may also deliver other programs, such as the Self-Management Resource Center (SMRC) suite of offerings, Health Coaches for Hypertension Control, and Wellness Recovery Action Planning Program (WRAP), to address specific needs in the community. WRAP cannot be offered in a virtual format. Therefore, WRAP cannot be offered until it is either in alignment with Vermont COVID-19 guidelines, or until Vermonters can gather in-person safely;
- Refer interested participants from their HSA to other HSAs offering virtual classes of interest and track these referrals in the Blueprint Portal.
- Provide technical assistance and course maintenance on the Vermont Health Learn platform for all HSAs.

3. By deleting the Budget Table in Attachment B, Payment Provisions Section 18, and replacing it with the following:

18. Approved Budget for the Grant Term:

October 1, 2020 – September 30, 2021

Budget Category	Amount			
Program Management	\$80,000.00			
Self-Management Regional Coordination	\$38,266.00			
Tobacco Master Trainer	\$375.00			
Self-Management Program Costs	\$21,250.00			
Travel, Training, and Other Expenses	\$6,500.00			
Total	\$146,391.00			

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

STATE OF VERMONT DEPARTMENT OF VERMONT HEALTH ACCESS GIFFORD HEALTH CARE, INC.

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<u>Taxes Due to the State</u>. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

<u>Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs)</u>. Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

<u>Certification Regarding Suspension or Debarment</u> Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: http://bgs.vermont.gov/purchasing-contracting/debarment.

This document consists of 4 pages. Except as modified by this Amendment No. 2, all provisions of the Grant remain in full force and effect.

THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.

SANDI HOFFMAN DATE
AHS/DVHA
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671

BY THE STATE OF VERMONT:

EMAIL: SANDI.HOFFMAN@VERMONT.GOV

DAN BENNETT, CEO DATE
GIFFORD HEALTH CARE, INC.
44 SOUTH MAIN STREET
RANDOLPH, VT 05060
PHONE: 802-236-4701

BY THE SUBRECIPIENT:

EMAIL: DBENNET@GIFFORDMED.ORG